. S. No. 2
00M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1943

Registration District No. 1149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24032

Registrar's No. 3355

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 53 Years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 5611 Euclid Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -------

3. (a) PRINT FULL NAME Mrs. Louise C. Ravens
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. John Ravins
6. (c) Age of husband or wife if alive -------- years
7. Birth date of deceased December (Month) 3 (Day) 1862 (Year)

8. AGE: Years 80 Months 7 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Fort Wayne (City, town, or county) Indiana (State or foreign country)
10. Usual occupation At Home
11. Industry or business -------

FATHER
12. Name August Beverforden
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Heffett
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Burton E. Haskins
(b) Address 5611 Euclid Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 8-2-43 (Date received local registrar) (b) T. E. Brown Deb. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 th year 1943 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from 10-10, 1941, to July 29, 1943 that I last saw h. alive on July 29, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Myocarditis	
Due to Senility	
Due to Arteriosclerosis	1
Other conditions (Include pregnancy within 3 months of death) 936	

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Morris Q. (M. D. or other)
Address 73 Dryden KC Mo. Date signed 7-31-43

(Licensed Embalmer's Statement on Reverse Side)

734 [redacted] Argyle Bldg
12-5-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.